

PART B - FEE(S) TRANSMITTAL

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7590

11/04/2003

Stephen H. Cagle
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/849,907	05/04/2001	Van Nguyen	12929.0061	9112

TITLE OF INVENTION: APPARATUS FOR SUPPORTING MEDICAL FLUIDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BAXTER, GWENDOLYN WRENN	3632	248-229150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Howrey Simon Arnold
2. & White
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Texas Children's Hospital Houston, TX

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2508 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Carter White (Date)

Carter White, Reg. # 41374 26 Nov 03

12/04/2003 AWONDAF2 00000113 012508 09849907

01 FC:1501 1330.00 DA
02 FC:1504 300.00 DA

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: NGUYEN, Van

Group Art Unit: 3632

Serial No.: 09/849,907

Examiner: BAXTER, G.

Confirmation No.: 9112

Atty. Dkt. No.: 12929.0061.NPUS00

Filed: May 4, 2001

For: APPARATUS FOR SUPPORTING MEDICAL
FLUIDS

TRANSMITTAL OF ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

<p>EXPRESS MAIL MAILING LABEL</p> <p>EL831789545US</p> <p>NUMBER</p> <p>DATE OF DEPOSIT 26 November 2003</p> <p>I hereby certify that this paper or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p><i>Barbara Sofia</i> Signature</p>

In response to the Notice of Allowance and Issue Fee Due dated November 4, 2003, the following documents are forwarded for appropriate action by the Office:

- ☒ Issue Fee Transmittal (Form PTOL-85B);
- ☐ An original executed Supplemental Declaration;
- ☐ A submission of ___ sheets of formal drawings, the approval of which is respectfully requested;
- ☒ Return postcard;
- ☐ Other:



Serial No.: 09/849,907
Confirmation No.: 9112
Applicant: NGUYEN, Van
Atty. Ref.: 12929.0061.NPUS00

The undersigned representative requests any extension of time that may be deemed necessary to further the prosecution of this application.

The undersigned representative authorizes the Commissioner to charge any additional fees under 37 C.F.R. 1.16 or 1.17 that may be required, or credit any overpayment, to Deposit Account No. 01-2508, referencing Order No. 01-2508.

In order to facilitate the resolution of any issues or questions presented by this paper, the Examiner should directly contact the undersigned by phone to further the discussion.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Carter J. White', written over the printed name.

Carter J. White

Patent Attorney

Reg. No. 41374

Tel. 713 787 1400

Date: 26 Nov 03